ROUTING AND RECORD SHEET

SUBJECT: (Optional) Final Progress Report Regarding DCI and DDCI's Approval of Recommendations of Inspector General Report on the Office of Medical Services

FROM:
Director of Medical Services
Room 1D4061 Headquarters

EXTENSION

NO. DD/A 81-0004/11

DATE 18 August 1981

STAT

TO: (Officer designation, room number, and building)	DATE RECEIVED	DATE FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. Deputy Director for Administration Room 7D-18 Headquarters		8/28/81	D	
2.				
3. IG				Chuck, attached is the final Progress report on OMS IG Inspection. Any comment?
4. 6E08 Hqs				
5.				
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STAT

28 AUG 1981

DDA:HEFitzwater (28 Aug 81)
Distribution:
Orig - IG w/atts
1 - DDA Subj w/atts
1 - DDA Chrono
1 - HEF Chrono

Att: Memo dtd 18 Aug 81 to DDA fr D/MS, same subj

FORM 1-79 610 USE PREVIOUS EDITIONS

18 August 1981

MEMORANDUM FOR: Deputy Director for Administration

FROM: Robert A. Ingram, M.D.
Director of Medical Services

SUBJECT: Final Progress Report Regarding DCI and DDCI's Approval of Recommendations of Inspector General Report on the Office of Medical Services

REFERENCE: DDA Memo to AD/MS dtd 11 May 81, Same Subject (DD/A 81-0004/2&3)

1. This memorandum is the final progress report on the approved recommendations (Attachment A) of the Inspector General's report on the Office of Medical Services (OMS). Appropriate attachments are submitted.

DCI ACTION

A1: Policy statement which updates mission of the OMS was disseminated on 31 July 1981 as a Headquarters Notice (HN [redacted] 25X1

A2: Alcohol Program policy statement was disseminated as a Headquarters Notice on 14 July 1981 (HN [redacted] 25X1

A3: Malpractice policy statement was approved by the General Counsel and forwarded to the DCI on 14 August 1981 (Attachment B).

B1: The DDCI and DDA deferred to D/MS to make direct contact with the Department of State's Director of Medical Services and begin resolution of the State-Agency relationship. This has begun and meetings will continue on a quarterly basis with discussion of items of mutual interest and concern.

DDCI ACTION

B2: DDA memorandum (DD/A 81-0004/7) addressing the survey of psychological testing, assessment, and research activities throughout the Agency was forwarded to the DDCI on 18 June 1981.

[redacted] 25X1

WARNING NOTICE
INTELLIGENCE SOURCES
AND METHODS INVOLVED

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B3 and B4: ADDO memorandum (DD/A 81-0004/8) was forwarded to the DCI on 15 July 1981. This memorandum ensures increased medical support to DDO operations, and that cover implications of medevac operations will be considered on a case-by-case basis.

DDA ACTION

C1: This recommendation is still under consideration. One full-time Center for Counterterrorism and Crisis Response position was requested in OMS's FY-82 and FY-83 Program Call.

[redacted] 25X1

C3: No action required. HHB [redacted] which pertains to the Agency's overseas medical program adequately covers this recommendation. 25X1

C4: Agency leave policies fall within the purview of the Director of Personnel (OP) rather than the DDA. Nevertheless, it is the opinion of OMS and OP that absences from duty for medical treatment are properly and appropriately charged to sick leave. [redacted] is being advised accordingly. 25X1

C5: D/MS survey of the [redacted] and RMO's area of responsibility and subsequent briefing of the DDA completes this recommendation. 25X1

DDO ACTION

D1: DDO memorandum (DD/A 81-0004/8) to the DDCI on 15 July 1981 addresses this issue. In addition, OMS in cooperation with the Office of Communications and the Office of Training and Education has increased its participation in overseas orientation courses and made available briefings for individual families as necessary.

D/PPM ACTION

E1: The D/OP in coordination with the D/MS and D/F issued an all station and base message clarifying the purposes and procedures involved in medical claims, and instituted additional administrative steps to improve claims processing (Attachment C).

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D/MS ACTION

Management

F1: The D/MS has instituted a yearly qualitative review of RMOs' performance by programming, at a minimum, four trips a year for himself or his deputy to RMO areas overseas.

F2: Both D/MS and DD/MS have undertaken positive steps toward resolving the accepted management issues within the Psychiatric Division. These steps consisted of frank and candid discussion with the C/PD of these issues and the agreed upon recommendations for their resolution.

F3: The D/MS and DD/MS are still reviewing the option of having Agency psychiatrists serve as RMOs. Under-utilization of a specialist and the difficulty of recruiting physicians are factors which presently make this an impractical recommendation. Psychiatric TDY trips to regional areas overseas is a viable alternative and is seriously being considered.

F4: The D/MS has been assured by the C/PD that the completed stress study will contain specific recommendations for management consideration.

F5: Though briefings of the RMOs both in Headquarters and during his recent TDY trips, the D/MS reaffirmed the requirements for travel in regional areas of responsibility.

F6: A decline in military support overseas already has required OMS to seek alternative evacuation sites, and to formulate long-range plans for additional medical support overseas. The latter is limited principally by the total resources allocated to OMS.

F7: The Environmental Health and Preventive Medicine Officer and Deputy Chief of the Clinical Activities Division of OMS have been charged with the responsibility of reviewing the requirements for medical evaluation prior to overseas assignment of all Agency personnel and dependents. New standards based on area of service, age, and other significant medical criteria will be the basis for updating requirements. The completion date of this study is 15 January 1982.

F8: On 15 July 1981 a new Medical Career Service Subgroup Board was established and the five previous OMS panels were reduced to three. New policy, panel makeup, and evaluation criteria will be forwarded to the DDA/CMO for approval upon their completion.

F9: In the last three years OMS has reduced the number of independent contractors from 150 to its current level of 40; four were dropped in the last six months. Only four contractors are on retainer fees totaling $9,000/FY. The remaining 36 contractors are paid when actually employed (WAE).

F10: The D/MS has made training and orientation of RMOs a priority. Unfortunately, the limited number of physicians available and the frequent need to "get someone over there now" often does not permit proper orientation and training. However, the last three RMOs to be assigned overseas received at least six months of Headquarters training which included medical

25X1

F11: This recommendation was addressed in B3 above.

F12: Special screening and selection procedures for employees and dependents assigned to certain posts outside the Iron Curtain were started in 1975. Current studies now underway with the aid of CAMPS (e.g., "pattern of illness", stress) will isolate pertinent factors and be particularly valuable in devising effective new screening and selection procedures.

F13: In February 1977, after obtaining a ruling from the General Counsel, pre-employment physical examinations were begun. Shortly thereafter, the dependents of applicants for the Office of Communications were requested to submit medical histories for review and evaluation. Further expansion of screening and medical evaluation of dependents of other applicants being considered for overseas assignments is seriously being considered and probably will be implemented in the near future.

F14: D/MS supports the management training program of OMS physicians and has charged the Chairman of the OMS Career Service Subgroup and Career Management Officer with the responsiblity of its execution.

F15: OMS has completed a survey of the American Medical Association, medical colleges, universities, and teaching hospitals and has reviewed a Rand Corporation study pertaining to certification of physician's assistants. Physician's assistants training criteria vary, requiring 52 weeks of practical experience plus academic studies of from one to three years for certification. A further review of the cost effectiveness of using physician's assistants is in process and upon completion, options and recommendations will be presented to the DD/A.

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F16 & F17: These recommendations were implemented with the internal OMS Notice (OMS 15-9) dated 7 July 1980, and reiterated at a meeting chaired by OMS Executive Officer on 26 May 1981.

F18: A meeting was held with D/ODP on 12 June 1981 in which ODP's Long Range Management Plan FY 81-FY 87 was discussed in relation to their continued support to OMS. As a result of this meeting, D/ODP directed his Chief/D Div/ODP to expedite the modification of the OMS data processing systems so that interface and integration with other Agency data bases can be accomplished. This allows OMS to utilize in-house expertise and hardware for system maintenance and modification vice external contractors and "one of a kind" computer systems.

2. This is the final report on the Inspection of OMS of April 1981. We believe all the recommendations, suggestions, and comments have been addressed. On balance, there was a positive, mutual exchange of ideas, resolution of differences in viewpoints, and increased awareness of the unique and professional role played by OMS in supporting the Agency's needs.

Signed
Robert A. Ingram, M.D.

Robert A. Ingram, M.D.

Attachments

A

Recommendations

Following are a number of recommendations applicable to the Office of Medical Services as a whole or to a particular Headquarters component or field facility. The attached tab in which the recommendation is discussed is identified in brackets. Other recommendations for action by the D/MS are contained in the individual sections of the paper.

We recommend that:

DCI Action

A1: The DCI direct that the Deputy Director for Administration issue a policy statement in coordination with the General Counsel which updates the mission of the Office of Medical Services and spells out the medical rights and benefits of Agency employees and their dependents whether assigned abroad, to Headquarters [redacted] 25X1

[redacted] 25X1

Approved ( )

Disapproved ( )

Director of Central Intelligence

A2: The DCI issue an overall Agency policy statement on alcoholism which includes conditions for continued employment in the CIA due to alcoholism. This policy statement is to be prepared by the Deputy Director for Administration and coordinated with the Director of Medical Services. [The Agency Alcoholism Program]

Approved ( )

Disapproved ( )

Director of Central Intelligence

A3: The DCI issue a policy statement to be prepared by the General Counsel in coordination with the Deputy Director for Administration and the Director of Medical Services, concerning malpractice that:

(a) Appropriately references the Agency malpractice legislation.

(b) Broadly defines the scope of duties for purposes of malpractice protection by Agency health personnel including but not limited to physicians, medical services officers and nurses to include all emergency, good Samaritan, politically expedient or operationally related acts of diagnosis, treatment and advice without regard to where or on whom such acts are performed.

(c) Clarifies that the scope of duties recognized for purposes of malpractice does not authorize routine performance of professional services in a manner that is in conflict with an employee's job description, nor is it intended to routinely extend Agency health services to individuals not entitled to receive such services.

[Medical Consultant Report]

Approved ( )

Disapproved ( )

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Director of Central Intelligence

Next 2 Page(s) In Document Exempt

Approved For Release 2003/08/13 : CIA-RDP84B00890R000500010020-2

DDO Action

D1: The DDO in coordination with the Office of Medical Services, Office of Communications and other appropriate components review procedures for briefing personnel prior to overseas assignment to ensure that they are provided with up-to-date information on the difficulties, as well as the benefits of serving at their posts of assignment; where feasible, Headquarters country branches or desks should arrange post briefings for spouses of employees heading overseas. [Stress Factors Overseas and Field Reports]*

*The issue is being addressed by a current OMS Management by Objective (MBO).

#3
Cont

D/PPPM Action

E1: The D/PPPM in coordination with Director of Medical Services and Director of Finance review and clarify administrative procedures to insure prompt receipt of health and insurance benefits by employees. [Overseas Medical Staff and Facilities]

D/MS Action

Management

F1: The D/MS regularize qualitative review of OMS doctors' performance, through periodic trips to overseas posts by himself or his Deputy. [Office of the Director]

F2: The D/MS consider ways to resolve the management issues within the Psychiatric Division. [Psychiatric Division]

F3: The D/MS review the option of having Agency psychiatrists serve as RMOs. [Psychiatric Division]

F4: The D/MS ensure that OMS stress studies contain specific recommendations for management consideration. [Psychiatric Division]

F5: The D/MS review and reaffirm the requirements for RMO travel. [Overseas Medical Staff and Facilities]

F6: The D/MS evaluate the possibility of a further decline in military medical support overseas and plan for alternatives in such an eventuality. [Overseas Medical Staff and Facilities]

Personnel

F7: The D/MS review the requirements for overseas Agency personnel and dependents to undergo physical examinations at Headquarters and establish appropriate standards based on area of service, age and sex. [Overseas Medical Staff and Facilities]

F8: The D/MS consider reducing the number of career service panels in OMS. [Personnel]

F9: The D/MS review the status of OMS contractors particularly with a view toward reducing the number assigned to PD. [Personnel]

Screening

F12: The D/MS consider expanding screening and selection procedures for employees and dependents for denied area posts to include particularly stressful posts outside the Iron Curtain. [Psychiatric Division and Stress Factors Overseas]

F13: The D/MS undertake a study of the merits of screening dependents of applicants for overseas programs. [Screening]

Training

F14: The D/MS encourage management training of selected middle-rank OMS physicians. [Office of the Director]

F15: The D/MS conduct a study on acquiring certification or providing training to medical services officers and nurses to have them certified (or documented) as Physician's Assistants and Nurse Practitioners, respectively. [Personnel]

Alcoholism Program

F16: The D/MS ensure that relevant information on identified alcoholics is entered in medical files and that control procedures are developed to ensure that the senior manager of a sensitive activity for which an individual is proposed is aware of his total medical history. [The Agency Alcoholism Program]

F17: The D/MS be advised of all decisions to clear persons with a history of alcoholism for overseas service. [The Agency Alcoholism Program]

ADP

F18: The D/MS and D/ODP/DDA review the current status and future direction of ADP systems development in OMS to improve planning for new systems and enhance ODP support to OMS. [Field Operations Division]

8

PROTECTION FOR AGENCY MEDICAL PERSONNEL

The Agency's medical personnel, including physicians, nurses, psychologists, paramedics and other supporting personnel, are called upon to discharge a wide variety of responsibilities within the scope of their official duties. Agency medical personnel must often perform medical evaluations, conduct treatments, and render medical judgments and advice under circumstances in which personal liability might conceivably arise under traditional principles of law. It is appropriate that the precarious position in which Agency medical personnel might otherwise find themselves has been recognized and provisions have been enacted into law affording protection in this area.

Statute (10 USC §1089) provides that only an action against the United States under the Federal Tort Claims Act, as opposed to an action against a medical employee personally, is available to claimants alleging personal injury caused by negligent or wrongful acts or omissions of Agency medical personnel in their performance of medical or related health care functions within the scope of their employment. The Attorney General will defend such actions and, if necessary, may have an action filed in a state court removed to a federal court where the protective provision here discussed will be applied.

With a view to making malpractice protection comprehensive, the statute also provides for situations in which the Federal Tort Claims Act may not apply by authorizing the Director to indemnify medical personnel acting within the scope of their official duties in such situations. The Agency has determined to hold medical personnel harmless in situations not covered by the Federal Tort Claims Act and has embodied this determination in regulation HR [redacted] STAT

These provisions are intended to immunize Agency medical personnel from malpractice suits. The protection is designed to cover all potential financial liability that might arise out of the performance of official medical duties.

Agency medical personnel can be confident that they are acting within the scope of their official duties whenever they are performing duties in support of lawful Agency activities that have been assigned to them pursuant to regulation or by managerial direction. In cases that are not clearly within the scope of assigned duties, and in which authoritative guidance is not available, recognition of an official purpose and a reasonable relationship to assigned responsibilities form a basis on which to conclude that acting in response to a problem would be within the scope of official duties.

It is the responsibility of the Office of Medical Services to conduct preemployment and other medical evaluations incident

to Agency service, including medical evaluations of dependents. OMS may also conduct voluntary health maintenance examinations which have been determined to be appropriate for certain categories of employees. In addition, the Office may conduct preventive programs relating to health.

It is within the official duties of medical personnel of the Office of Medical Services to treat on-the-job injury or illness. This can include emergency diagnosis and first treatment of injury or illness that become necessary during working hours and that are within the competence of the professional staff and facilities of the Office. Also, treatment on the spot may be given for minor illnesses which temporarily interfere with an employee's comfort or ability to complete the workday, such as colds, headaches, and stomach upsets. In appropriate cases, OMS medical personnel will administer treatments and medications furnished by the employee and prescribed by his or her personal physicians.

In the overseas environment, OMS personnel bear additional responsibilities for treating personnel associated with the Agency. The Agency's authority for maintenance of medical facilities overseas extends to the provision of medical advice and treatment to employees and their dependents whenever use of Agency medical personnel and facilities are better able to provide requisite medical care in terms of quality, timeliness or other pertinent factors than is available from alternative

25X1

Despite the breadth of the foregoing duties and responsibilities, however, it must be understood that there are limits to the scope of official duties. The malpractice protection that surrounds Agency medical personnel in the performance of their official duties does not extend to activities conducted on an employee's own time. It should be clear to all that activities specifically prohibited by law or regulation, such as restrictions on the conduct of intelligence activities, are not within the scope of official duties. Also, the extension of medical services to individuals under circumstances in which the Agency has no official interest or equity may result in a determination that such services are beyond the scope of official duty.

In conjunction with medical emergencies not within the scope of official duties, as, for example, emergencies encountered on an employee's own time away from Agency premises and having no connection with official duties, medical personnel may derive protection from "Good Samaritan" statutes enacted in many jurisdictions, including Virginia, Maryland and the District of Columbia. While there are variations between jurisdictions that

may be significant in particular cases, in general these statutes provide that a person (with specific provisions regarding certain medically trained persons), who in good faith renders emergency care on assistance at the scene of an accident or other emergency, shall not be liable for acts or omissions that are reasonably prudent and do not constitute gross negligence.